

## INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (11-07)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management Office of Pollution Prevention and Technical Assistance 100 North Senate Avenue IGCS W041

Indianapolis, IN 46204-2251
Telephone: (800) 988-7901
FAX: (317) 233-5627
E-mail: esp@idem.iN.gov
www.in.gov/idem/prevention/esp

When to use this annual report form...

**STOP!** Is your facility a member of the U.S. Environmental Protection Agency's National Environmental Performance Track <u>and</u> Indiana Environmental Stewardship Program? If so, please use the U.S. EPA National Environmental Performance Track Annual Performance Report form available at <a href="http://www.epa.gov/performancetrack/program/report.htm">http://www.epa.gov/performancetrack/program/report.htm</a>. The U.S. EPA will notify IDEM after receiving your annual performance report.

**GOI** Please use this annual report form if you are <u>only</u> a member of the Indiana Environmental Stewardship Program and <u>not</u> a member of the National Environmental Performance Track. Your Annual Performance Report should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, fax, mall, or e-mail the report to IDEM. If you have any questions, please contact the ESP Program Manager at 800-988-7901.

The Indiana Environmental Stewardship Program (ESP) Annual Performance Report should demonstrate progress toward objectives and targets AND certify ESP requirements continue to be achieved. The Annual Performance Report should cover the twelve (12) month calendar year and include the status of projects committed to in your facility's original ESP application, results of completed projects, and assurance that an annual internal environmental management system audit was conducted by your facility. Indiana ESP facilities must submit an Annual Performance Report by April 1st of every year, for each calendar year in which the entity has been a member for at least three (3) full months.

Please do not include any confidential business information in your Annual Performance Report. Public access laws require IDEM to make the Annual Performance Report publicly available, which may include posting all portions of your report on the Indiana ESP Web site.

| SECTION A FACILITY INFORMATION   |
|--|
| Name of Facility  Name of Facility   |
| Toyota Motor Manufacturing, Indiana, Inc.  |
| Name of Parent Company (If applicable)   |
| Toyota Motor Corporation   |
| Street Address (number and street)   |
| 4000 Tulip Tree Drive  |
| City/State/ZIP Code  |
| Princeton, IN 47670  |
| Facility/Company Web site  |
| CONTACT INFORMATION  |
| Contact Name (Mr./Mrs./Ms./Dr.)  |
| Ms. Lisa Carter  |
| Title  |
| Environmental Specialist   |
| Telephone number   |
| 812.387.2956   |
| FAX number   |
| 812.387.2088   |
| E-mail address   |
| lisa.carter@tema.toyota.com  |
| Mailing Address (if different from facility address)   |
| 4000 Tulip Tree Drive, Mail Drop SS-1  |
| City/State/ZIP Code Primarkan TNV 47670  |
| Princeton, IN 47670  |
| Reporting Period Dates  January 1 December 21, 2007  |
| January 1 - December 31, 2007  |
| If this is your third Annual Performance Report, do you wish to renew your Indiana Environmental Stewardship Program membership?  ☐ YesIf yes, please complete all sections of this annual report. |
| ☐ NoIf no, you can skip Section D of this annual report.   |
| то, уче чап экір эфейоп в от this annual героп.  |
| CHANGE IN INFORMATION  |
| In your ESP application and, perhaps, in previous applied performance reports, you described what your facility shows  |
| changes or additions to your facility's list of products or activities? If so, please list them in the space below.  ☐ Yes ☒ No  |
|  |
|  |
|  |

| SECTIO            | CTION B ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENT  |   |             |                          |  |  |
|-------------------|---|---|-------------|--------------------------|--|--|
| ownydc<br>⊒DEM n  | we need t<br>eeds inform  | his information?<br>ation on the performance and assessment   |             |                          | What do you need to do?  |  |
| <u>a</u> ctivilie | s of your Er  | ivironmental Management System (EMS).   |             | Frease sumi              | narize your facility's EMS assessments.<br>Attach additional sheets as necessary.  |  |
| 1.                | ls your fa<br>standard  | cility currently registered to a recognized third-party EMS   |             |                          | out and the control of the control o |  |
| $\boxtimes$       | Yes   |   | Year:       | 2007                     |  |  |
|                   | a.  | If yes, when was an EMS audit or other assessment last  | Туре:       | ISO 14001 Certifi        | ication  |  |
|                   |   | conducted by an independent third party at your facility? Please provide the type (e.g., ISO 14001 certification),                              | Scope:      | Surveillance Audi        | it   |  |
| , <b>-</b> 1      | <b>A</b> 1-   | scope, and month of the last assessment.  | Month:      | June                     |  |  |
|                   | No<br>b.  | If no, when was an internal or corporate EMS audit last   |             |                          |  |  |
|                   |   | conducted at your facility? Please provide the scope and  | Year:       |                          |  |  |
|                   |   | month of the last assessment.   | Scope:      |                          |  |  |
| <u>-</u>          | M/ban did   | Land Calling Land   | Month:      |                          |  |  |
| 2.                | complian  | l your facility last conduct an internal or corporate<br>ce audit? Please provide the scope and month(s) of each                                | Year:       | 2007                     |  |  |
|                   | audit, and  | indicate who conducted the audit(s) (e.g., facility staff,  | Scope:      | Compliance Audit         | t  |  |
|                   | corporate<br>site visits  | groups, third party). Do not include audits, inspections, or by regulatory organizations.   | Month(s):   | October                  |  |  |
|                   |   |   | Who:        | Toyota Corporate         | (TEMA)   |  |
| 3.                | your façili   |   | ISO1400     | 01 Surveillance Au       |  |  |
| 4.                | Has your  | facility corrected all instances of potential non-compliance<br>non-conformance identified during your audits and other                         | Observa     | tions made during t      | the Corporate Audit and ISO  |  |
|                   | assessme  | ents?   | Audits v    | vere documented an       | nd investigated. TMMI  |  |
| $\boxtimes$       | Yes   | If you belofty a comparing a supplier   | complete    | ed the "Plan. Do. C      | heck, Act" system to   |  |
|                   | a.  | If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS  | investiga   | ate the situation, res   | solve the problems and   |  |
|                   |   | assessment(s) or compliance audit(s).   | recheck     | for closure.             | or the proofeins and   |  |
|                   | No  |   |             |                          |  |  |
|                   | b.  | If no, please explain your plans to correct these instances.  |             |                          |  |  |
|                   | No such ins   | tances identified.  |             |                          |  |  |
| -                 |   |   |             |                          |  |  |
| 5.                | Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans |   |             | were no reportable       | e emergencies at the   |  |
|                   | detailed in   | the EMS effective? What changes, if any, have been  | facility    | last year. Drills w      | ere completed and the  |  |
|                   | made to y   | our facility's emergency or contingency plans?  | conting     | ency plans prove         | d effective. No changes  |  |
| 6.                | When was  | the last Senior Management review of your EMS   | were m      | ıade.                    | 3  |  |
| 0.                | completed   | i?  | 1           | : October 2007           |  |  |
|                   |   |   |             | d the review? Name and T |  |  |
| 7.                | When did  | your facility look and but a subtraction of   | Environ     | nental Assistant Ma      | anager   |  |
|                   | review of y   | your facility last conduct a systematic identification or<br>/our environmental aspects?<br>Please provide a narrative summary of progress made |             | : May 2007               |  |  |
|                   | toward EM   | S objectives and targets other than those reported as an  | Environmen  | ital Aspect              | Progress Made This Year (e.g., quantitative or qualitative   |  |
|                   | Environme<br>may limit ti   | ental Performance Initiative in the following section. You the summary to environmental aspects that are significant                            |             |                          | improvements, activities conducted)  |  |
|                   | and toward  | is which progress has been made during the last calendar  |             |                          |  |  |
|                   | year. Atta  | ch additional sheets as necessary.  |             |                          |  |  |
|                   |   |   |             |                          |  |  |
|                   |   |   |             |                          |  |  |
|                   |   |   |             |                          |  |  |
|                   |   |   |             | ļ                        |  |  |
|                   |   |   | <del></del> |                          |  |  |
|                   |   |   |             |                          |  |  |
|                   |   |   |             |                          |  |  |
|                   |   |   |             |                          |  |  |

| SECTION C  |   | L IMPROVEMENT INITIATIVE             | RESULTS                                      | e de la companya del companya de la companya de la companya del companya de la co |  |  |  |
|--|---|--------------------------------------|--|--|--|--|--|
| Why do we need this information<br>Eacilities need to share the results of   |   | Us                                   | se the following table to summariz           | What do you need to do?<br>ze your facility's environmental  |  |  |  |
| improvement initiative that was purs   | <u> </u>  | d. performance a                     | is compared to your ESP environ              | mental improvement initiative.   |  |  |  |
| Category: Non-Hazardous Aspect:  | Solid Waste   |                                      |  |  |  |  |  |
| Specific Information on Aspect (opti   | onal):  |                                      |  |  |  |  |  |
|  | Baseline  | Progress during year<br>20 <b>07</b> | Environmental Improvement<br>Initiative Goal | Cost Savings<br>(if applicable)  |  |  |  |
| Actual Quantity<br>(per year)  | 13,625,492  | 7,255,249                            | 8,110,242                                    | \$`141,000   |  |  |  |
| Measurement Unit   | lbs   | lbs                                  | lbs  |  |  |  |  |
| Normalized Quantity (per year)   | 37.79 lb/veh  | 25.51 lb/veh                         | 27.13 lb/veh                                 |  |  |  |  |
| Basis for your Normalizing Factor (e.g., gallons of paint produced)  | vehicles produced   | vehicles produced                    | vechicles produced                           |  |  |  |  |
| Water Reduction in Pair General Trash.   | Briefly describe how you achieved improvements for this aspect or, if relevant, any circumstances that delayed progress.  Water Reduction in Paint Sludge, Chemical Minimization in WWTP Sludge, Improved Recycling of General Trash. |                                      |  |  |  |  |  |
| Please list any state, EPA, or other (EPA Performance Track  |   | you are reporting this data (e.g     | ., Energy Star, Project XL).                 |  |  |  |  |
| (Optional) If your facility has experienced continued results for environmental improvement initiatives pursued in past years of ESP membership, please share those results here.  |   |                                      |  |  |  |  |  |
| ENVIRONMENTAL IMPROVEMENT INITIATIVES  What do you need to do?  Refer to the Environmental Performance Table, with your own need to do?  Refer to the Environmental Performance Table, with application and the remaining will be identified each year in the annual report. Identify the new initiative that will begin this year by answering the following questions. Choose an Indicator from the Environmental Performance Indicator Table to measure the identified environmental initiative. The Environmental Performance Indicator Table to measure the identified environmental initiative. The Environmental Performance Indicator Table to measure the identified environmental initiative. The Environmental Performance Indicator Table to measure the identified environmental Initiative. The Environmental Performance Indicator Table to measure the identified environmental Initiative. The Environmental Performance Indicator Table indicator Septials does. The indicator you select for your initiative should be related to the objectives and targets in your EMS. Where possible, indicators should also be identified as having a significant environmental Impact in your EMS. No more than two of your indicators can be from the same environmental category dump the 3-year term. If you are not sure how your objectives and targets fit into the indicators from the Environmental Performance Indicator Table or whether your indicators are significant, call IDEM at 800-988-7901.  Please complete the following questions according to the environmental Performance Indicator Table or whether your indicators are significant, call information is required for air, hazardous waste, solid waste, and energy indicators as requested from the Environmental Performance Table? (If the category is Energy Usa, Waste, or Air Emissions for Total GHGs, please turn to Appendix 1 to complete additional questions pertaining to the category you have selected.) Air Emissions or Total GHGs, please turn to Appendix 1 to complete the performance level for the indicator across t |   |                                      |  |  |  |  |  |
| _  | eve this indicator should be inc  | lluded as an environmental imm       | provement initiative.                        |  |  |  |  |
|  |   |                                      |  |  |  |  |  |

TMMLTMR

01:10:21 p.m.

03-31-2008

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| to c                           | f the calegory listed in Question 1a is Energy<br>complete the questions pertaining to the cate<br>erding your facility's environmental improven                         | gory you listed. After completin                   | for Total GHGs, please skip Questions 3a – 3b below and turn to Appendix 1<br>g Appendix 1, return to question 4 and complete the remaining questions  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|
|                                | 3a What units are you using to quantify this indicator? ton (Please refer to the Environmental Performance Indicator Table for the acceptable units for each indicator.) |  |  |  |  |  |  |  |
|                                | the baseline annual quantity of the indicator a  | and the annual quantity you are 973 tons (FY06)    |  |  |  |  |  |  |
|                                | seline quantity<br>ure year quantity (not including production)  |  |  |  |  |  |  |  |
| X                              | the quantity presented in the future quantity of Normalized goal (i.e., indexed to level of but Absolute goal (i.e., demonstrates improvem                               | isiness in baseline year)                          | •  |  |  |  |  |  |
| Pleas<br>sold,                 | e briefly describe your basis for normalizing.   | <ul> <li>Examples of potential normali:</li> </ul> | factors and normalized quantities in your annual performance reports. zing basis include: gallons of paint produced, square feet of circuit boards if employees (for R&D and administrative sites only). |  |  |  |  |  |
| 6a Are y<br>⊠<br>□             | ou subject to Federal, State, tribal, or local r<br>Yes<br>No  | egulatory requirements for this                    | indicator?   |  |  |  |  |  |
| 6b If yes                      | s, explain how your initiative exceeds regulate  | ory requirements. TMMI ha                          | s a Title V Air Permit which includes VOC Emissions.   |  |  |  |  |  |
| 8731-23-723                    |  |  |  |  |  |  |  |  |
| DEM ne<br>informat<br>Please t | we need this information?  eeds to know how environmental  ion was shared with the public.  priefly describe the activities that your facility                           | conducted during this reporting                    | PERFORMANCE REPORTING  What do you need to do?  Describe how the facility has shared and plans to share environmental information. period to interact with the community on environmental issues and to  |  |  |  |  |  |
| House                          | ahold Hazardous Waste Days   | , World Water Monito                               | ach supporting materials (e.g., meeting agendas, public announcements).  Dring Days, Earth Aware Camp  |  |  |  |  |  |
| Please in many as              | ndicate which of the following methods your to appropriate.  | facility plans to use to make its                  | ESP Annual Performance Report available to the public. Please check as   |  |  |  |  |  |
| ☐ Webs                         | site (http://www. )  |  |  |  |  |  |  |  |
| ☐ Open                         | House  |  |  |  |  |  |  |  |
| ☐ Meeti                        | ngs  |  |  |  |  |  |  |  |
| ⊠ Press                        | S Releases   |  |  |  |  |  |  |  |
| ☐ Comr                         | munity Advisory Panel  |  | ·  |  |  |  |  |  |
| ☐ Other                        |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |
| This info                      | N F<br>we need this information?<br>rmation will help IDEM to effectively manage<br>hental Stewardship Program.  | ADDITIONAL INFO                                    | ORMATION  What do you need to do?  Answer the questions as completely as possible.   |  |  |  |  |  |
| 1.                             | In addition to ESP, please list environmental information about each particular program) EPA Performance Track, Pol  | Ilution Partners, Gove                             | programs participated in during the past twelve months (include ernor's Award for Env Excellence, Energy Star,   |  |  |  |  |  |
|                                |  |  | ational Public Lands Day, Adopt-a-Highway  |  |  |  |  |  |
| 2.                             | consider.  |  | scribe the implementation process and list additional benefits IDEM should   |  |  |  |  |  |
|                                | No, we have been unsuccess permit modifications.   | sful in taking advanta                             | ge of ESP incentives regarding expedited air   |  |  |  |  |  |
| 3.                             | If your facility was not registered to the ISO how has ESP been instrumental in achievin N/A   | 14001 standard prior to becom<br>ig registration?  | ing an ESP member, has ESP helped you to pursue registration? If so,   |  |  |  |  |  |

- Explain the measured or perceived results from receiving, documenting, and responding to external communication. External communication strengthens our relationship within the community.
- How have community residents and businesses reacted to your facility participating in the Indiana Environmental Stewardship Program? No Change
- According to the measurement program developed and implemented by your facility to measure Environmental Management System success, is your facility's EMS successful? Why or why not? If not, what changes will be made to ensure continual environmental improvement and future EMS success?

TMMI'S EMS is sucessful by involving Team Members at all levels for environmental support, improvements and initiative. With T/Ms providing continual improvement kaizens and regular internal and external audits, our system is frequently reviewed.

## CERTIFICATION AND PLEDGE

On behalf of Toyota Motor Manufacturing, Indiana, Inc (TMMI) (name of facility),

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, TMMI, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that the Annual Performance Report must be submitted to IDEM by April 1st of each year and that we must reapply to the Indiana Environmental Stewardship Program every three years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature

Administration

Date (month, day, year)

Please mail/fax/or e-mail your completed Environmental Stewardship Program Annual Performance Report to:

**IDEM-OPPTA** ESP Program Manager MC 64-00 IGCS W041 100 North Senate Avenue Indianapolis, IN 46204-2261

FAX: 317-233-5627 E-mail: esp@idem.IN.gov